



RESEARCH ARTICLE

Exploring Risk Factors Affecting Social Worker Well-Being in Saudi Arabia: A Cross-Sectional Analysis

Dr. Aref Alsehaimi*

Associate Professor of Social Work - Department of Social Sciences - College of Arts - University of Hail - Saudi Arabia

ARTICLE INFO	ABSTRACT
Received: Feb 15, 2025 Accepted: Apr 24, 2025	Social workers in Saudi Arabia are essential to delivering essential services across diverse communities. Nonetheless, their occupation comes with various inherent risks, including emotional distress, ethical dilemmas, and physical hazards.
Keywords Saudi Arabia, Social Work Occupational Risk Ethical Challenges Physical Risk	This study's objective was to establish the extent to which social workers face risks when undertaking social work in Saudi Arabia, focusing on four dimensions of risks; administrative and organizational, ethical and professional, psychological and social, and physical.
*Corresponding Author: ao.alsehaimi@uoh.edu.sa	The study adopts a descriptive-analytical cross-sectional design, and used a structured questionnaire distributed to a sample of social workers across various institutions in Saudi Arabia to collect data.
	The findings indicated that social workers in Saudi experienced all the dimensions of risk considered at a relatively moderate frequency (<i>M ranges 2.01 - 2.12 on a 3-point scale</i>). There were significant variations in the frequency in which the different risks were experienced, which made for some valuable insights into the nature of social work risks in Saudi Arabia.

INTRODUCTION

Risk is inherent in social work practice. Boonzaaier et al. (2021) highlight that social workers are often expected to perform their duties in challenging contexts, characterized by a lack of resources, staff shortages, a disregard of their role and opinion by other professionals, high caseloads, contact with aggressive clients, a lack of or inadequate professional support, meager salaries, and demanding and challenging legal processes. In addition to performing duties in demanding conditions, Fenton and Kelly (2020) highlight that social workers may sustain moral injuries when exposed to protracted ethical stressors. The risks facing social workers also come with notable consequences to both their physical and psychological well-being (Boonzaaier et al., 2021; Fenton & Kelly, 2020). However, Pulkkinen and Lindholm (2023) point out that social workers are often not afforded adequate protections against occupational risks. Cabiati et al. (2020) suggest that the limited protections afforded to social workers against professional risks may result from a lack of proper understanding of the risks of social work.

This study thus seeks a better understanding of the risks faced by social workers. More specifically, the current study set out to understand the extent of risk faced by social workers in the Kingdom of Saudi Arabia. It focused on four dimensions of social work risk: administrative and organizational, ethical and professional, psychological and social, and physical risks. It then looked into the frequency with which social workers in Saudi Arabia experience various risk factors under these four dimensions. The study applied a descriptive-analytical approach to establish how much risk social workers in Saudi Arabia usually face based on their previous risk experiences when performing their duties. In establishing the extent of risks faced by social workers in the Kingdom of Saudi Arabia, the

study hopes to shed light on the critical issue of social work risks and start a conversation on how to enhance the safety of social workers in the Kingdom.

Social Work in Saudi Arabia

Many researchers have attempted to establish the historical origins of social work in the Kingdom of Saudi Arabia. Some scholars argued that social work has existed since 1962 to support the needs of some disadvantaged persons in society (Althumali, 2021). However, other researchers have asserted that social work in Saudi Arabia started in 1955, when two social workers were employed to supervise school and social activities (Almaizar & Abdelhamed, 2018). On the other hand, other scholars argue that social work in Saudi Arabia began a bit earlier in 1954, when a juvenile care centre was opened, before being introduced to schools in 1955 (Al-Shahrani, 2003; as cited in Althumali, 2021). Albrithen and Briskman (2015) suggest that social work in Saudi Arabia started in 1953, when social experts from Arab countries introduced it, before it grew to emphasize education. Nonetheless, despite the difference in opinions on when social work started in Saudi Arabia, there seems to be a consensus that social work's initial focus was on education before it expanded into other areas.

Nonetheless, social work in Saudi Arabia has gained utility in multiple other sectors. Almaizar and Abdelhamed (2018) point out that the practice of social work has expanded into many areas, including the care of teenagers and adolescents, medical care, human development, and special needs care provision. In the provision of care to children, social work in Saudi Arabia has been useful in facilitating child protective services, implementing child care policies and programs for child protection (Al Faryan et al., 2019). On the other hand, in facilitating medical care, social work is instrumental in actualizing integrated care, which is characterized by the provision of comprehensive services across the continuum of care (Al Zahrani et al., 2024). Other areas that social work is involved in in Saudi Arabia include environmental conservation and the criminal justice system, where social workers are at times involved in rehabilitating juvenile offenders (Alsehaimi, 2023; Mitchell, 2022). Social workers thus support the functions of multiple sectors through working in diverse fields, keeping systems operating seamlessly.

Despite the broad utility of social work in Saudi Arabia, Albrithen and Yalli (2015) point out that social work remains an underdeveloped profession. For this reason, social work education is also not well developed (Albrithen and Yalli, 2015). Sloan et al. (2017) highlight that the Kingdom has only six undergraduate social work programs and one graduate program. And while a majority of the faculty is composed of Saudi Citizens, these faculty members are often educated outside Saudi Arabia, in Egypt (Sloan et al., 2017). Social work publications are also of poor quality because the profession is poorly defined (Albrithen and Yalli, 2015). Therefore, there is a need to advance social work education and define social work more precisely to further develop the profession and its utility in the Kingdom.

Study Questions

The primary question guiding the current study was, what is the extent of occupational risks facing social workers in Saudi Arabia? This question was further broken down into four minor questions. These are;

To what extent do administrative and organizational risks affect social workers in Saudi Arabia?

To what extent do ethical and professional risks affect social workers in Saudi Arabia?

To what extent do psychological and social risks affect social workers in Saudi Arabia?

To what extent do physical risks affect social workers in Saudi Arabia?

Study Objectives

The primary objective of this study was to establish the extent to which social workers face risks when undertaking social work in Saudi Arabia. This primary objective can be further divided into secondary objectives based on the different dimensions of risk considered in this study. The secondary objectives were;

To establish the extent of administrative and organizational risks social workers face in Saudi Arabia.

To establish the extent of ethical and professional risks social workers face in Saudi Arabia.

To establish the extent of psychological and social risks social workers face in Saudi Arabia.

To establish the extent of physical risks social workers, face in Saudi Arabia.

Significance of the Study

The current study fills a notable gap in empirical research on the extent of occupational risks facing social workers in Saudi Arabia. Existing literature has explored social work in Saudi Arabia, but it has mostly focused on its role in improving societal outcomes in the kingdom. This focus has left the occupational safety component of social work in Saudi Arabia unexplored. By assessing the extent of the different dimensions of risk considered in this paper, the study advances a theoretical understanding of the multifaceted hazards inherent to social work practice and complements prior investigations into social work risks conducted outside Saudi Arabia. Understanding the extent of risks facing social workers in Saudi Arabia also aligns with the country's Vision 2030 objective of improving social services (Mahmoud, 2020). The study's findings can offer insights into the areas of social work risk that need to be addressed to bolster the well-being and professional development of social workers across the Kingdom.

Study Concepts

Social Work

Social work is often defined as a helping profession. Social workers assist individuals, families, and groups to restore or enhance their ability to function socially, through working to create environments that support the needs of their communities (Forenza & Eckert, 2018). Additionally, social work can also be deemed a human rights profession. Social workers worldwide have a long history of involvement in advocating for human rights, even sometimes explicitly grounding their practice in pursuit of human rights related to human dignity, nondiscrimination, transparency, and accountability (Mapp et al., 2019). The International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), in July 2014, established the definition of social work as,

"a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing" (Osmanaga, 2019).

Thus, social work can be understood as a discipline that draws upon social sciences and human rights principles to empower individuals and communities through promoting social justice and human development.

Social Work Risk

Social work risk is an important component of social work to consider. Johnson (2024) defines risk as the probability of an outcome having a negative effect on people, systems, or assets. It is the result of decisions one makes about the hazards they are willing to expose themselves to (Johnson, 2024). Risk is a typical aspect of human service professions such as social work, and many human service professionals have been documented as being exposed to risk (Floyd, 2024). In social work, specifically, de Boer et al. (2024) highlighted that risk is a product of the work's nature and practice. Social work risks stem from the general severity and chronicity of social problems, a high level of professionals' contact with traumatized individuals, and prolonged exposure to trauma, all of which contribute to occupational safety injuries (de Boer et al., 2024; Floyd, 2024). Nonetheless, organizational factors such as high caseloads, a lack of adequate training, inadequate supervision and resources, and a lack of support from colleagues can also present risks to social work, increasing the chances of experiencing burnout (de Boer et al., 2024). Fenton and Kelly (2020) also highlight that social work risks can emerge from conflicting situations, which increase the probability of social workers experiencing moral injury.

METHODOLOGY OF THE STUDY

METHOD

The current study applied a descriptive-analytical cross-sectional design. Descriptive analytics is a type of data analysis that describes a current situation based on previous data (Hegde & Pallavi, 2015). In the case of this study, descriptive analytics is applied to describe the risks facing social workers in Saudi Arabia based on how frequently they have historically encountered various risks in their practice. Applying descriptive analytics offers insights into the current risk landscape of social work in the kingdom. On the other hand, the cross-sectional approach analyzes the data from a population, in this case social workers in Saudi Arabia, at a single point in time (Wang & Cheng, 2020). Cross-sectional studies are particularly useful in assessing the prevalence of specific characteristics or conditions within a defined population, in this case, the types and frequencies of risks faced by social workers in Saudi Arabia.

Study Population and Sample

The study sample comprised 270 social workers. A majority of the sampled population identified as male (61.9%). In terms of academic qualifications, a majority of the participants held a bachelor's degree (79.6%), about a fifth held a master's degree (18.2%), and a small minority had a PhD (2.2%). On the other hand, the experience levels in the sampled population were skewed toward early-career professionals, with almost half of the participants (48.5%) having five years or less of practice. A third of the sampled population (31.9%) had between six and ten years of practice, and slightly more than a tenth had between eleven and fifteen years of practice (13.3%), while the remaining minority had more than fifteen years of practice (6.3%). While all participants were social workers, they were employed across various practice settings. The largest percentage worked in social care (60.4%), followed by medical care (19.3%), student guidance (11.1%), prisoner care (4.8%), and mental health care service provision (4.4%). Overall, the sample population was composed mainly of relatively junior male social workers with bachelor's degrees, most of whom worked in social care environments.

Table 1: Study population sample

N	Variable	Category	Frequency	Percentage
1	Sex	Male	167	61.9%
		Female	103	38.1%
2	Qualification	Bachelor's	215	79.6%
		Master's	49	18.2%
		PhD	6	2.2%
3	Years of experience	5 years or Less	131	48.5%
		6 - 10	86	31.9%
		11- 15	36	13.3%
		More than 15 years	17	6.3%
4	Working fields	Social care	163	60.4%
		Medical care	52	19.3%
		Student guidance	30	11.1%
		Mental health	12	4.4%
		Prisoner care	13	4.8%

Study Tools

Data was gathered using a three-point Likert scale questionnaire with “always,” “sometimes,” and “scarcely” as the response options. The questionnaire covered the four domains of social work risk considered in the study: Administrative and organizational risks, ethical and professional risks, psychological and social risks, and physical risks. Eight subject matter experts from different Saudi Universities reviewed the draft questionnaire to establish its content validity, and based on their feedback, revisions were made to the study tool. Subsequently, a pilot study with 15 social workers confirmed the tool's reliability, yielding a Cronbach's alpha coefficient of 0.97, indicative of excellent internal consistency.

RESULTS

Administrative and Organizational Risks

Under the administrative and organizational risk dimension, participants rated difficulties due to lack of necessary resources and equipment as the highest risk factor (98, 36.3% always; 116, 43.0% sometimes; 56, 20.7% scarcely; $M = 2.16$, $SD = 0.740$) related to the administrative and organizational risk dimension. The absence of necessary resources as an administrative and organizational risk factor was followed by high work pressure (86, 31.9% always; 107, 39.6% sometimes; 77, 28.5% scarcely; $M = 2.03$, $SD = 0.778$), which affects the quality of services offered, introducing risks. On the other hand, the participants saw difficulties in dealing with management due to lack of support as a lesser risk factor under administrative and organizational risk relative to work pressure (76, 28.1% always; 122, 45.2% sometimes; 72, 26.7% scarcely; $M = 2.01$, $SD = 0.742$). Nonetheless, the difficulty in dealing with management was still a more significant risk factor than the existence of bureaucratic pressures (84, 31.1% always; 97, 35.9% sometimes; 89, 33.0% scarcely; $M = 1.98$, $SD = 0.802$), which affected the participants' professional work. The failure to be involved in decision-making was rated as the lowest administrative and organizational risk factor (93, 34.4% always; 72, 26.7% sometimes; 105, 38.9% scarcely; $M = 1.96$, $SD = 0.857$). Overall, the mean administrative and organizational risk among the study participants was moderate ($M = 2.03$, $SD = 0.755$).

Table 2: Frequency of administrative and organizational risks among study participants

N	Items	Response	Frequency	%	Mean	SD	Rank
1	There are difficulties due to a lack of necessary resources and equipment.	Always	98	36,3	2,16	0,740	1
		Sometimes	116	43,0			
		Scarcely	56	20,7			
2	There are difficulties in dealing with management due to a lack of support.	Always	76	28,1	2,01	0,742	3
		Sometimes	122	45,2			
		Scarcely	72	26,7			
3	High work pressure affects the quality of services provided.	Always	86	31,9	2,03	0,778	2
		Sometimes	107	39,6			
		Scarcely	77	28,5			
4	There is no participation in making decisions regarding my work.	Always	93	34,4	1,96	0,857	5
		Sometimes	72	26,7			
		Scarcely	105	38,9			
5	There are bureaucratic pressures that affect my professional work.	Always	84	31,1	1,98	0,802	4
		Sometimes	97	35,9			
		Scarcely	89	33,0			
The overall mean of administrative and organizational risks among the study participants.					2,03	0,755	Middle

Ethical and Professional Risks

Regarding ethical and professional risks, the participants overwhelmingly rated the lack of professional independence when making decisions as the most prominent risk factor under this risk category (138, 51.1% always; 82, 30.4% sometimes; 50, 18.5% scarcely; $M = 2.33$, $SD = 0.770$). The lack of clear policies to protect social workers from ethical challenges came in second after the lack of professional independence in decision-making (84, 31.1% always; 96, 35.6% sometimes; 90, 33.3% scarcely; $M = 1.98$, $SD = 0.804$). Participants also felt that situations that conflict with the ethical principles of the profession posed some ethical and professional risks (82, 30.4% always; 91, 33.3% sometimes; 97, 35.9% scarcely; $M = 1.94$, $SD = 0.814$), albeit less often than the absence of policies protecting workers from ethical challenges. Less of a frequent risk factor, however, was the pressure to behave in ways that are consistent with professional values (67, 24.8% always; 112, 41.5% sometimes; 91, 33.7% scarcely; $M = 1.91$, $SD = 0.761$). According to the participants, the least frequent ethical and professional risk factor was the existence of external pressures that present difficulties in applying professional ethics (75, 27.8% always; 94, 34.8% sometimes; 101, 37.4% scarcely; $M = 1.90$, $SD = 0.803$). The mean incidence of ethical and professional risks in social work in Saudi Arabia appeared to be moderate ($M = 2.01$, $SD = 0.757$).

Table 3: Frequency of ethical and professional risks among study participants

N	Items	Response	Frequency	%	Mean	SD	Rank
1	There are situations that conflict with the ethical principles of the profession.	Always	82	30,4	1,94	0,814	3
		Sometimes	91	33,3			
		Scarcely	97	35,9			
2	There is pressure to behave in ways that are inconsistent with professional values.	Always	67	24,8	1,91	0,761	4
		Sometimes	112	41,5			
		Scarcely	91	33,7			
3	There are no clear policies to protect social workers from ethical challenges.	Always	84	31,1	1,98	0,804	2
		Sometimes	96	35,6			
		Scarcely	90	33,3			
4	There are difficulties in applying professional ethics due to external pressures.	Always	75	27,8	1,90	0,803	5
		Sometimes	94	34,8			
		Scarcely	101	37,4			
5	There is no professional independence when making decisions.	Always	138	51,1	2,33	0,770	1
		Sometimes	82	30,4			
		Scarcely	50	18,5			
The overall mean of ethical and professional risks among the study participants.					2,01	0,757	Middle

Psychological and Social Risks

The participants highlighted that the most frequent psychological and social risk factor was emotional distress from dealing with beneficiary groups (114, 42.2% always; 112, 41.5% sometimes; 44, 16.3% scarcely; $M = 2.26$, $SD = 0.721$). It was followed by feeling stressed because of the nature of the job (92, 34.1% always; 118, 43.7% sometimes; 60, 22.2% scarcely; $M = 2.12$, $SD = 0.742$). Participants ranked encountering situations that lead to feelings of frustration and exhaustion lower (83, 30.7% always; 118, 43.7% sometimes; 69, 25.6% scarcely; $M = 2.05$, $SD = 0.750$), as they were considered less frequent than the psychological and social risk from feeling stressed due to the job's nature. Nonetheless, they were still more frequent than exposure to criticism or verbal attacks that affect performance as a psychological and social risk factor (84, 31.1% always; 95, 35.2% sometimes; 91, 33.7% scarcely; $M = 1.97$, $SD = 0.806$). The least frequent psychological and social risk factor of all the five items ranked by the participants was the difficulty in balancing personal and professional lives due to work pressures (67, 24.8% always; 83, 30.7% sometimes; 120, 44.4% scarcely; $M = 1.80$, $SD = 0.810$). Overall, the mean psychological and social risks on social workers based on the participants' responses were also moderate ($M = 2.04$, $SD = 0.725$).

Table 4: Frequency of psychological and social risks among study participants

N	Items	Response	Frequency	%	Mean	SD	Rank
1	I feel stressed because of the nature of my job.	Always	92	34,1	2,12	0,742	2
		Sometimes	118	43,7			
		Scarcely	60	22,2			
2	I suffer from emotional stress from dealing with the beneficiary groups.	Always	114	42,2	2,26	0,721	1
		Sometimes	112	41,5			
		Scarcely	44	16,3			
3	Being exposed to criticism or verbal attacks affects my professional performance.	Always	84	31,1	1,97	0,806	4
		Sometimes	95	35,2			
		Scarcely	91	33,7			
4	I find it difficult to balance my personal and professional life due to work pressure.	Always	67	24,8	1,80	0,810	5
		Sometimes	83	30,7			
		Scarcely	120	44,4			
5	I encounter situations that lead to feelings of frustration and exhaustion.	Always	83	30,7	2,05	0,750	3
		Sometimes	118	43,7			
		Scarcely	69	25,6			
The overall mean of psychological and social risks among the study participants.					2,04	0,725	Middle

Physical Risks

Under this category, study participants ranked long working hours that affected their physical health as the most prominent physical risk factor plaguing them (114, 42.2% always; 103, 38.1% sometimes; 53, 19.6% scarcely; $M = 2.23$, $SD = 0.755$). This was followed by exposure to situations

threatening the participants' physical safety at work (105, 38.9% always; 113, 41.9% sometimes; 52, 19.3% scarcely; $M=2.20$, $SD=0.738$). The participants subsequently ranked exposure to occupational diseases due to the nature of social work as the third most frequent physical risk factor affecting them (96, 35.6% always; 102, 37.8% sometimes; 72, 26.7% scarcely; $M=2.09$, $SD=0.785$). Physical injury while performing work-related duties was ranked as a less frequent risk factor than exposure to occupational diseases (82, 30.4% always; 125, 46.3% sometimes; 63, 23.3% scarcely; $M = 2.07$, $SD = 0.731$). The presence, or lack thereof, of occupational safety procedures, was ranked as the least prominent physical risk factor for social work by the participants (87, 32.2% always; 106, 39.3% sometimes; 77, 28.5% scarcely; $M = 2.04$, $SD = 0.780$). Overall, the study participants experienced a moderate incidence of physical risks ($M = 2.12$, $SD = 0.732$).

Table 5: Frequency of physical risks among study participants

N	Items	Response	Frequeny	%	Mea n	SD	Rank
1	I am exposed to situations that threaten my physical safety at work.	Always	105	38,9	2,20	0,738	2
		Sometimes	113	41,9			
		Scarcely	52	19,3			
2	I get physically injured while doing my job.	Always	82	30,4	2,07	0,731	4
		Sometimes	125	46,3			
		Scarcely	63	23,3			
3	I am exposed to occupational diseases due to the nature of my work.	Always	96	35,6	2,09	0,785	3
		Sometimes	102	37,8			
		Scarcely	72	26,7			
4	Long working hours affect my physical health.	Always	114	42,2	2,23	0,755	1
		Sometimes	103	38,1			
		Scarcely	53	19,6			
5	Occupational safety procedures are in place in my organization.	Always	87	32,2	2,04	0,780	5
		Sometimes	106	39,3			
		Scarcely	77	28,5			
The overall mean of physical risks among the study participants.					2,12	0,732	Middle

DISCUSSION OF RESULTS

The current study examined four dimensions of social work risk in Saudi Arabia: administrative and organizational, ethical and professional, psychological and social, and physical. It found moderate levels of perceived risks overall, with participants overwhelmingly reporting "sometimes" experiencing various risk factors (M ranges 2.01 - 2.12 on a 3-point scale).

Physical Risks Uniquely Stood Out in Saudi Arabian Social Work

Participants perceived physical risks as the most frequent risk dimension ($M=2.12$, $SD=0.732$). However, physical risks are not always the most prominent risk factors facing social workers, as studies have indicated that other risk categories often rank higher. A study on French workers by Dogbla et al. (2023) reported that, under human health and social work, psychosocial factors (90%) posed the highest risk, followed by biological factors (69%) and then atypical working hours (61%). On the other hand, a study on South African workers considered work-related stress the overarching risk factor that paves the way for other risks, such as emotional and physical exhaustion (Munyoro & Mavhungu, 2022). With physical risks not featuring as the prominent risk dimension in studies from other nations, it may be integral to look into the sociocultural factors driving the case in Saudi Arabia. Understanding why the Saudi Arabian social worker experiences physical risk as the most prominent form of risk, while that is not the case in other contexts, will be beneficial for tailoring solutions to social work risk in the Kingdom.

Ethical and professional risks centered on a lack of independence in decision-making substantially contributed to

Ethical and professional risks yielded the lowest mean score among the four dimensions ($M=2.01$, $SD=0.757$), but with a score still indicative of participants perceiving these risks at a moderate

frequency. At the same time, however, the lack of independence when making decisions, a risk factor under the ethical and professional risks dimension, yielded the highest mean score compared to all other risk factors across all dimensions considered ($M = 2.33$, $SD = 0.770$), indicating that participants perceived this risk factor at relatively high frequencies. Literature supports the view that a lack of independence in decision-making poses a notable risk to social workers, but no study particularly ranks the limitations on decision-making as a prominent risk factor in social work, as the participants in the current study have. Maddock (2024-a) highlighted the absence of independence in decision-making as a major risk underlying stress and burnout in social workers in Northern Ireland. On the other hand, Whittaker and Taylor (2017), in an editorial, hinted at how social work risks related to decision-making could impact social workers' capacity to support clients and make decisions in their best interest. Therefore, it could be important to look into the factors limiting social workers' independence in decision-making. Identifying the factors contributing to the related risk will benefit its mitigation, lowering the ethical and professional risks encountered by Saudi Arabian social workers.

Long working hours impacted physical health but not work-life balance as much

An interesting set of findings is also related to the risks associated with working-life balance and the working hours of social workers in Saudi Arabia. The study participants reported that balancing their personal and professional lives due to work pressure, an item under the psychological and social risk dimension, was the least frequently encountered risk factor ($M = 1.80$, $SD = 0.810$). It was particularly interesting that this component ranked as low since the participants also reported risks related to long working hours impacting their physical health as the most frequently encountered risk under the physical risk dimension ($M = 2.23$, $SD = 0.755$). In studies conducted in Romania, Bihor County, and Sweden, long working hours have been associated with poor work-life balance among social workers (Barck-Holst et al., 2022; Marc et al., 2023). In the Romanian study, in particular, the long working hours among social workers were also associated with poor physical health outcomes, findings that were replicated in a study on Greek social workers (Marc et al., 2023; Theofilou & Malkopoulou, 2024). Therefore, given the overlap between working hours, physical health, and work-life balance in research, it was anticipated that the length of working hours that cause adverse physical effects in Saudi Arabian workers would also lead to a relatively poorer work-life balance. The result would be that participants would more frequently report that they experience trouble balancing their personal and professional lives due to work pressure, which would increase the risk factor's ranking. Nonetheless, this outcome still offers an opportunity to examine how Saudi Arabian social workers are able to mitigate the risk of poor work-life balance in the face of long working hours.

Prominent psychological and social risks manifest universally

The most prominent psychological risk factors reflected the prevailing sentiment related to the profession. Under the psychological and social risk dimension, the two most frequent risk factors that the participants reported encountering were emotional distress from dealing with beneficiary groups ($M = 2.26$, $SD = 0.721$) and feeling stressed because of the nature of the job ($M = 2.12$, $SD = 0.742$). Emotional distress when dealing with beneficiary groups is more formally known as compassion fatigue, and there is a consensus that it is a commonplace phenomenon among people in professions concerned with providing care for others, such as social work (Edwards & Goussios, 2021). On the other hand, social work is generally viewed as a stressful profession, and social workers often report encountering stressful and complex situations when performing their duties that increase the risk of developing chronic stress (Maddock, 2024; Ratcliff, 2024). Therefore, the sentiments expressed by the study participants more or less aligned with the dominant view of social work as a trigger for compassion fatigue and a stressful career path. They indicate an urgent need to equip Saudi Arabian social workers with self-care tools that can help them mitigate work stressors and alleviate compassion fatigue.

CONCLUSION

The primary objective of the current study was to establish the extent to which social workers face risk in Saudi Arabia. It considers four dimensions of social work risk: administrative and organizational, ethical and professional, psychological and social, and physical risk. Its findings indicated that social workers in Saudi Arabia experienced all dimensions of risks moderately, at a

frequency they described as “sometimes” and not “always” or “scarcely.” Nonetheless, among all dimensions of risk, Saudi Arabian social workers experienced physical risks more frequently, a relatively unique experience since physical risks do not always stand as the most prominent forms of risk experienced by social workers outside the Saudi Arabian context.

With regards to specific risk factors under the different dimensions of risk, the study identified the lack of independence in decision making as the primary ethical and professional risk. It also linked the potentially long working hours experienced by Saudi Arabian social workers primarily to poor physical health outcomes and less to adverse implications on work-life balance. Additionally, it pointed out how the prominent physical risk factors experienced by social workers in Saudi Arabia also tended to manifest universally. Overall, the study’s findings indicate the need to curate a comprehensive risk mitigation plan that is bespoke to the unique circumstances of social workers in Saudi Arabia but still considers standard global best practices, since some of the issues experienced are universal.

Study Contributions

The current study makes several notable contributions. First, it fills a notable gap in empirical research on occupational risks among social workers in Saudi Arabia by providing an assessment of the frequency with which they experience the four dimensions of risk considered. By integrating multiple risk dimensions into a unified framework, the study also extends the existing models through which worker safety is viewed. Traditionally, worker safety has focused on single domains, but the approach taken by the current study offers a broader view of risks experienced. With the research tool being self-developed, the current study also introduces and validates a tool with notable internal consistency, which other scholars can adopt or adapt for future studies in social work. Lastly, by pinpointing the most salient risk factors in social work practice in Saudi Arabia, such as physical risks and risks related to the absence of independence in decision-making, the study equips social work institutions with actionable evidence on which to base resource allocations and training programs.

Study Limitations

While the study did have some valuable contributions, it also had some limitations that are important to acknowledge. The first relates to the cross-sectional approach adopted. While this approach did have some benefits, it is limited in that it is susceptible to biases such as nonresponse bias and recall bias (Wang & Cheng, 2020). It also may not account for temporal variations or trends in the experiences of social workers over time (Wang & Cheng, 2020). The second limitation of the study relates to the study tool, which used a three-point Likert scale. While Likert scales may facilitate easier responses, they are inherently affected by three types of bias: the central tendency bias, acquiescence bias, and social desirability bias (Alkharusi, 2022). These biases each come with their unique shortcomings, but overall, they undermine the reliability and validity of data collected using Likert scales, which opens doors for inaccurate representations of the perceptions of participants towards risk. Future research could adopt a longitudinal design and utilize more nuanced measurement tools to provide a deeper and more accurate understanding of social work risks in Saudi Arabia, thus more effectively informing related interventions and policies.

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